APR. 18. 2006 2:27PM TO:USPTO

# ZILKA · KOTAB

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#### FAX COVER SHEET

Date:	April 18, 2006	Phone Number	Fax Number			
To:	Examiner Jila Mohandesi		(571) 273-8300			
From:	Dominic M. Kotab					
Docket No.: HIT1P051/HSJ920030211US1 App. No: 10/727,853						
Total Number of Pages Being Transmitted, Including Cover Sheet: 20						
Messag	er					
Please deliver to Examiner Jila Mohandesi.						
Thank you,						
Dominic M. Kotab						
Original to follow Via Regular Mail X <u>Original will Not be Sent</u> Original will follow Via Overnight Couries						

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April 18, 2006

# APR 1 8 2006

#### Practitioner's Docket No. HIT1P051/HSJ920030211US1

**PATENT** 

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gillis et al.

Application No.: 10/727,853

Group No.: 3728 Filed: December 3, 2003 Examiner: Jila Mohandesi

For: PROTECTIVE DEVICE FOR REDUCING THE IMPACT OF PHYSICAL SHOCK

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### REQUEST FOR CONTINUED EXAMINATION (RCE) (37 C.F.R. § 1.114)

1. Applicant hereby requests continued examination, in accordance with 37 C.F.R. § 1.114, for the above identified application.

#### TIME REQUEST IS BEING MADE

- 2. This request is being submitted:
  - i. Prior to abandonment of the application

#### **ENCLOSURES**

04/19/2086 TL0111 90899931 582587

10727853

3. Enclosed herewith is:

01 FC:1801

798.88 DA

An amendment

#### CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10\*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States Postal Service in an envelope addressed to the Comunissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a) with sufficient postage as first class mail. 37 C.F.R. § 1.10\*

as "Express Mail Post Office to Addressee" Mailing Label No.

(mandatory)

TRANSMISSION facsimile transmitted to the Patent and Trademark Office, (571) 273 - 8300.

April Skovmand

(type or print name of person certifying)

Date: 4 18 2000

\* Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmitsion under ' I.8 continues to be taken into account in determining timeliness. See ' 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

Request for Continued Examination (RCE) (37 C.F.R. § 1.114)-page 1 of 3

## FEE FOR REQUEST (37 C.F.R. § 1.17(e)).

4. This application is on behalf of other than small entity.

Continued Prosecution Request Fee:

790.00

#### FEE FOR CLAIMS

5. The fee for claims (37 C.F.R. § 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)	(Col. 2)		(Col. 3)			OTHER THAN A SMALL ENTITY						
	CLAIMS REMAINING AFTER AMENDMENT	PREV	EST NO. IOUSLY D FOR		ESENT XTRA			RATE			ADDIT. FEE		
TOTAL	27	_	27	=	0	x	\$	50.00	=	\$		0.00	
INDEP.	3	_	3	=	0	X	\$	200.00	=	\$		0.00	
FIRST PE	RESENTATION OF	MULT	IPLE DEI	P. CL	AIM	+	\$	360.00	=	\$		0.00	
								TOTAL ADDIT. FEE		\$		0.00	

No additional fee for claims is required.

#### **EXTENSION OF TIME**

6. The proceedings herein are for a patent application, and the provisions of 37 C.F.R. § 1.136(a) apply.

Applicant believes that no extension of time is required. However, this is a conditional petition and authorization to pay the necessary fees to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

#### TOTAL FEE(S) DUE

7. The total fee(s) due is/are:

Continued Prosecution Fee (Section 1.17(e)) Fee(s) for additional claims (Section 1.16(b)-(d))	\$790.00 \$0.00
Total Fee(s) Due:	\$790.00

#### PAYMENT OF FEE(S) DUE

8. Please pay the fee(s) for this continued examination application as follows:

Charge Account 50-2587 the sum of \$790.00 (Order no. HSJ920030211US1).

Please charge any required additional fee(s) for § 1.17(e), § 1.16(b)-(d) and/or § 1.17(a)(1)-(4) to Account 50-2587 (Order no. HSJ920030211US1).

#### INVENTORSHIP

This application as amended names as inventors the same inventors as previously designated for the claims.

Date:

Reg. No.: 42,762

Tel. No.: 408-971-2573

Customer No.: 50535

Signature of Practitioner

Dominic M. Kotab Zilka-Kotab, PC

P.O. Box 721120 San Jose, CA 95172

USA

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# APR 1 8 2006

**PATENT** 

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

Gillis et al.

Application No. 10/727,853

Filed: 12/03/2003

For: PROTECTIVE DEVICE FOR REDUCING THE IMPACT OF PHYSICAL SHOCK

Date: April 18, 2006

#### CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents via facsimile to fax number: (571) 273-8300 on April 18, 2006.

igned:

## AMENDMENT WITH RCE 37 C.F.R. §1.114

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Together with the enclosed Request for Continued Examination (RCE, 37 C.F.R. §1.114) and prior to a first action on the merits, kindly amend the claims as indicated below. Applicant also submits the necessary fees.